

STATEMENT OF PERSONAL FINANCIAL CONDITION AS OF \_\_\_\_\_ 20 \_\_\_\_\_

**Business Purpose Credit**

**IMPORTANT: Please read the following instructions and check the appropriate box, before completing this application.**

If you are applying for individual credit in your own name and are relying on your own income or assets, and not the income or assets of another person as the basis for repayment of the credit requested, complete all sections except those that apply to co-applicants.

If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all sections to the extent possible, including information in the co-application sections about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

If you are applying for joint credit with another person, complete all sections, including all information in the co-application sections.

Yes, we intend to apply for joint credit:

\_\_\_\_\_ Applicant \_\_\_\_\_ Co-Applicant

PERSONAL INFORMATION			
APPLICANT NAME		CO-APPLICANT NAME	
Home Address		Home Address	
Date of Birth	Social Security #	Date of Birth	Social Security #
Home Phone #	Cell Phone #	Home Phone #	Cell Phone #
Email Address		Email Address	
Present Employer		Present Employer	
Address of Employer		Address of Employer	
# Years with Employer	Title/Position	# Years with Employer	Title/Position
Business Phone #		Business Phone #	

ANNUAL INCOME	AMOUNT (\$)
Salary (applicant)	\$
Salary (co-applicant)	
Gross Rental Income	
Commissions	
Bonuses	
Dividends & Interest	
Capital Gains / (loss)	
Other Income (list)**	
TOTAL ANNUAL INCOME	\$

ANNUAL EXPENDITURES	AMOUNT (\$)
Property Taxes	\$
Income Taxes	
Mortgage Payments	
Other Loans – Principal & Interest	
Insurance	
Credit Card Payments	
Alimony/Child Support	
Tuition/Daycare	
Investment Obligations	
Other Expenses	
TOTAL ANNUAL EXPENDITURES	\$

Any significant changes expected in the next 12 months?  Yes  No (If yes, attach information.)

\*\* Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repayment.

Balance Sheet as of \_\_\_\_\_

ASSETS		AMOUNT (\$)	LIABILITIES		AMOUNT (\$)
Cash on Hand & in Financial Institutions		\$	Outstanding Credit Card Balances		\$
Short Term Investments (Schedule A)			Taxes Payable		
Retirement Accounts (Schedule A)			Life Insurance Policy Loans (Schedule H)		
Stocks & Bonds – Listed Securities (Schedule D)			Mortgages on Residences (Schedule B)		
Unlisted Securities (Schedule E)			Mortgages on Real Estate Investments (Schedule C)		
CSV – Life Insurance (Schedule H)			Notes & Accounts Payable (Schedule F)		
Notes Receivable			Other Liabilities (detail):		
Accounts Receivable					
Real Estate – Personal Residences (Schedule B)					
Real Estate – Investment Properties (Schedule C)					
General/Limited Partnership Interests (Schedule G)					
Vehicles					
Personal Property					
Other Assets (detail):					
			<b>Total Liabilities</b>		\$
			<b>Net Worth</b> (Total Assets minus Total Liabilities)		\$
<b>Total Assets</b>		\$	<b>Total Liabilities &amp; Net Worth</b>		\$

CONTINGENT LIABILITIES	Applicant	Co-Applicant
As Endorser or Guarantor on Notes & Contracts:	\$	\$
On Letters of Credit:		
Current or Pending Lawsuits or other Litigation:		
Other (list):		
	Check Here if "NONE" <input type="checkbox"/>	

Schedule A – Cash & Short-Term Investments (Certificates of Deposit, Money Market Funds, Commercial Paper, etc.)					
Name of Financial Institution	Checking Account Balance(s)	Savings Account Balance(s)	Certificate(s) of Deposit Balance(s)	IRA & SEP Account Balance(s)	In Name(s) of
	\$	\$	\$	\$	
<b>Grand Totals</b>	\$	\$	\$	\$	

Schedule B – Real Estate – Personal Residence(s)						
Address	Title in Name(s) of	Fair Market Value	Financed By	Loan Balance	Monthly Payment	
		\$		\$	\$	

Schedule C – Real Estate – Investment Properties						
Address	Title in Name(s) of	% Owned	Fair Market Value	Financed By	Loan Balance	Monthly Payment
			\$		\$	\$

Schedule D – Listed Securities				
# of Shares or Face Value	Description	Market Value	Pledged? Y/N	In Name(s) of
		\$		

Schedule E – Unlisted Securities						
# of Shares or Face Value	Description	Source of Value	Value	% of Business Owned	Pledged? Y/N	In Name(s) of
			\$			

Schedule F – Notes & Accounts Payable (also include credit cards, lines of credit & unused commitments)						
Name of Creditor	Original Loan Amount	Balance	Description of Collateral	Interest Rate	Maturity Date	Monthly Payment
	\$	\$				\$

Schedule G – General and/or Limited Partnership Interests							
Name of Partnership	Type of Investment	Indicate Limited or General (L/G)	Amount Invested	F M V of Interest	Annual Contribution Required	Pledged? Y/N	In Name(s) of
			\$		\$		

Schedule H – Life Insurance Carried (include individual and group insurance)							
Name of Insurance Company	Owner of Policy	Beneficiary	Face Value	Policy Loans	Cash Surrender Value	Assigned? Y/N	
			\$		\$		

Personal Information (cont'd.)	
Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Executor's Name: _____ # of Dependents: _____ Ages: _____
Are you an Officer or Partner in any Venture other than Described in the Schedules? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain: _____
Are any Assets Pledged other than Described in the Schedules? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain: _____
Have you ever Declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide details Date: _____ Type: _____
Are there any Outstanding Judgments Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have Disability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Income Taxes are Settled Through (Date): _____	

**Your right to a written statement of the reason(s) for denial of your application for business purpose credit:**

If your application for business purpose credit is denied, you may have the right to a written statement of the reason(s) for the denial. To obtain the statement, please contact The First National Bank of Elmer, 6 S. Main Street, Elmer, NJ 08318 ATTN: Loan Department, telephone number 856-358-7000 x0500, within sixty (60) days from the date you are notified of the Bank’s decision. The Bank will send you a written statement of the reason(s) for the denial within thirty (30) days of receiving your request.

**Right to Receive a Copy of Appraisal Disclosure:**

The Bank may order an appraisal or valuation to determine the value of the subject collateral. The Bank may charge you for this appraisal or valuation. You are entitled to receive a copy of the appraisal report or valuation used relating to your loan application for credit promptly upon completion, but no less than 3 days prior to settlement. A copy of the valuation report will be made available whether credit is granted or denied or the application is withdrawn by the borrower.

**ECOA Notice:**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications based on race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, Texas 77010.

**Taxpayer Consent Notice:**

The undersigned here by understands, acknowledges, and agrees that THE FIRST NATIONAL BANK OF ELMER and any other loan participants can obtain, use and share, my/our tax return information for purposes of:

- (a) providing an offer;
- (b) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan;
- (c) marking; or
- (d) as otherwise permitted by applicable laws, including state and federal privacy and data security laws.

The First National Bank of Elmer includes the Lender’s affiliates, agents, service providers and any of the aforementioned parties’ successors and assigns. The term, “Any other loan participants”, includes any actual or prospective owners of a loan resulting from your loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of the aforementioned parties’ successors and assigns.

The information contained in this Personal Financial Statement is provided for obtaining, or maintaining credit with The First National Bank of Elmer on behalf of the undersigned or person, firms or corporations in whose behalf the undersigned may either individually or jointly with others, execute a guaranty in the Bank’s favor. Each undersigned understands that the Bank is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each of the undersigned represents and warrants that the information provided is true and complete and that the Bank may consider this statement as continuing to be true and correct until a written notice of a change is given to the Bank, by the undersigned. The Bank is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein, and to determine the credit worthiness of the undersigned. The undersigned authorizes any person or credit reporting agency to give you any information they/it may have on the undersigned. The Bank is authorized to answer questions about its credit experience with the undersigned.

Date Signed	X	Signature of Individual	Driver’s License Information – State / Number / Issue Date / Exp. Date
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